Ground, Hallyand, Chart ex- Under the Peperwork	Reduction Act of 1995 MT APPLICATION SUB-	. Od persone ex		ü.	امیر Pelent éa	Approx	ed for use	i twough 7/84/ 8. DEPARTM Replays a year	Pio
PATE	MT APPLICATI	ON FEE D	ETERMINAT	CON BE	lection d	Information	Union it	S. DEPARTM	BITOP
	Subi	litute for For	m P TO-875	is the late	YUKE	, ,	-40	Contact the Contact of the Contact o	Call line
	CLAIMS AS FILE	D _ DADT (					-4	AFAY.	32
·	(Column 1)	2 - 1. W/i I	- (Cotumn 2)					100	(0)
FOR	NUMBER FILE			7 ~	OWAL	ENTITY		R 81	THER WILL E
BASIC FEE (37 CFR 1.16(a))	· · · · · · · · · · · · · · · · · · ·	<u> </u>	MABER EXTRA	-	RATE FE				
TOTAL CLASSES	<del></del>	<u>:.                                    </u>	•			1,	7	RATI	
(37 OFR L.16(4)) INDEPENDENT CLAIMS	ataus	20 -		7 13.		<del>  '</del>	- Of	3 him	
(37 OFR 1.16(b))	grines	,		┥ <i>┞</i> ╩		<del> </del>	O#	X.	
MULTIPLE DEPENDENT			<u> </u>	× 1	<u></u> :	L	OR	XI	_
		(D) CFR 1.16(d		1 1 + 2					:-
* If the difference in colum	nn 1 ts less than zon, e	onler V' in colu	mn 2.			<b> </b>	OR	4.4	ا
3	•		:	1	OTAL .	L	OR	TOTAL	. +
	ns as amendee	PART (	•	:					-
(0	Solumn 1).	(Cokimpi 2	(Cotumn-3)		. :			· <u>.</u>	
	CLAIMS SMANINGU	HIGHEST		٠	MALL.E	NHTY .	OR -	OTH SMA	IER AI
1511/12/12	AFTER	PREVIOUSL	Y EXTRA	THE THE	17E	· ADDF · ·	ļ., ·	". FATE	.L.
Total I	ENDMENT Minus	PAD/FOR			1	TIONAL	l		Τ,
O PTOR LING  Independent OTOR LINGS	10 .	_ 10	1	X s.o	25.		1	41	
<b>                                    </b>	Minus	<u> </u>		x :/	0_		OR	x: 50 -	1_
FIRST PRESENTATION	OF LILLTIPLE DEPENDE	NT CLAIM (37	CER 1 16(0)		=		OR ÷	x 200 a	
				+3/	60°		OR	+,360	1
,	•		. :	ADDL		_	OR '	TOTAL .	<del>                                     </del>
	(umn 1)	(Column 2)	(Column 3)					ADD'L FEE	
- 1/1/1/ in	LAINING -"	HICHEST,	PRESENT.	RAT			. · · <b>.</b>	A 4537	
ALACA	DMENT	PREVIOUSLY PAID FOR	EXTRA	ľ .		VOO!	· [	PATE.	A
O DI OR LIGHT	O Minus	40	- 1	-		EE.	.rusir f	wa disa	10
Z Independent	2 Minus	"/3	= .0	×:	-54-	-/-	OR _	x.s=	
FILST, PRESENTATION OF	E 10 a 200 a 2			X S_	-		OR	X: =	
	F LULTIPLE DEPENDENT	CONH DIO	R &16(d)	+77		from.	L		/
				TOTAL ADOLF	.   -			TOTAL	
, -	ກ່າ 1)				~ ~		OR /	VOO'L FEE	- /

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFFI L 19(4))

Total

Endependent . D7 CFR 1.16(bg)

AMENDM

PREVIOUSLY PAID FOR

ADOUTEE OR ADDUTEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For I Total or Independent is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The independent is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application from to the USPTO. Then will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEHD TO: Commissioner for Patents, P.O., Box 1450, Alexandria, VA 22313-1450.

EXTRA

TOTAL

ADDI-

TIONAL

OR

OR OR

1FEE

RATE

ADOI-

TIONAL